



Docket No. 64987-A/JPW/GJG/BJA

JPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Gabriela Chiosis, Ivo. G. Boneca, and W. Clark Still

Serial No. : 10/805,624 Examiner: S. Lee

Filed : March 18, 2004 Group Art Unit: 1624

For : METHOD FOR RE-SENSITIZING VANCOMYCIN RESISTANT BACTERIA

USING AGENTS WHICH SELECTIVELY CLEAVE A CELL WALL DEPSIPEPTIDE

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: February 4, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	7 -	* 0 =	*** 0 X	\$25	\$50	=	0
Independent Claims	1 -	** 0 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time	Yes <input checked="" type="checkbox"/> No			\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No _____
and a fee of \$ _____ included)
 A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time
 Other (identify): _____

THE TOTAL FEE DUE IS \$ 0.

A check in the amount of \$ _____ is enclosed.

Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

Gary J. Gershik

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450. <i>Gary J. Gershik</i> <u>2/4/05</u> Gary J. Gershik Reg. No. 39,992	Date
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